

**FEC
FORM 3P****REPORT OF RECEIPTS
AND DISBURSEMENTS**BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

JILL STEIN FOR PRESIDENT

ADDRESS (number and street)

22 KENDALL ROAD

Check if different
than previously
reported. (ACC)

LEXINGTON

CITY

MA

STATE

02421

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00581199

3. TYPE OF REPORT (Choose One)Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

☐ April 15 (Q1) ☐ October 15 (Q3) ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
☐ July 15 (Q2) ☐ January 31 Year-End Report (YE) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☒ Jan 31 (YE)

Monthly Reports:

☐ 12-Day Pre-Election Report for the Election on ☐ 30-Day Post-Election Report for the General Election on
☐ M M / D D / Y Y Y Y Y Y in the State of ☐ ☐ M M / D D / Y Y Y Y Y Y

4. IS THIS REPORT AN AMENDMENT?☐ yes☒ no**5. COVERING PERIOD**
M M / D D / Y Y Y Y Y Y
11 / 29 / 2016

THROUGH

M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Welzer, Steven, , ,

Signature of Treasurer

Welzer, Steven, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
01 / 31 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.
All previous versions of this form are obsolete and should no longer be used.

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